. A		
Case 2:07-cv-00606-	D SENDER: COMPLETE THIS SECTIONS	07/25/2 COMPLETE THIS SECTION ON DELIVERY
·	<ul> <li>Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the rever</li> </ul>	X Agent
	so that we can return the card to you.  Attach this card to the back of the mailpie	B Book of the Addresse
	or on the front if space permits.	D. Is delivery address different from them 1? Yes
	Montgomery County Dentention	If YES, enter delivery address below: No
	c/o Gina Savage, Jail Administr	rator
•	P.O. Box 4599	Or CV60(e (1,4,5,6)
	Montgomery, AL 36103	Service Type  Certified Mail
in the state of th		☐ Registered ☐ Recturn Receipt for Merchandlse
		4. Restricted Delivery? (Extra Fee)
	Article Number     (Transfer from service label)	7005 1160 0001 2556 6865
	DO F 2011 F-1	mestic Return Receipt 102595-02-M-154
		the contraction of the contracti
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	
	Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) Addressee
	Attach this card to the back of the mailpied or on the front if space permits.	HIBYUUIV
the second second	1. Article Addressed to:	D. Is delivery address different from Item 17
	Montgomery County Dentention c/o D.T. Marshall, Sheriff P.O. Box 4599	Facility Service Type
	Montgomery, AL 36103	Certified Mail  Registered  Receipt for Merchandise  C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	Article Number (Transfer from service label)  7	006 2760 0005 4873 0096
		nestic Return Receipt 102595-02-M-154
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
	Print your name and address on the reverse so that we can return the card to you.	Brown Agent
	Attach this card to the back of the mailpiece or on the front if space permits.	e, B. Received by Printed Name) Date of Delivery
	Article Addressed to:	D. Is delivery address different from them 1? Pres If YES, enter delivery address below:
	Montgomery County Dentention	
	c/o Doctor Bates	and the contraction of the contr
	P.O. Box 4599	0100606 (1,4,5,6)
	Montgomery, AL 36103	Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
	2 Add No.	4. Restricted Delivery? (Extra Fee) ☐ Yes
_	Article Number     (Transfer from service label)	7005 1160 0001 2556 6858